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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Special Instructions to Filing Officer:				

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## **COVER LETTER**

TO:

TO: Registration So Division of Co			
	RIER SERVICES LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for tiling.	
Please return all correspo	ondence concerning this matter	to the following:	
	ELSLAMAYA		
		Name of Person	
	SIMPLIEX GROUP		
		Firm/Company	
	7500 NW 52ND ST STE I		
		Address	
	MIAMI, FL 33166		
	corps@simplexgroup.net	City/State and Zip Code	
		to be used for future annual report notifi	cation)
For further information	concerning this matter, please ca	all: <del>-</del>	
ELSI AMAYA		305 599-8287	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	porations allahassee : Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JI'S COURIER SERVICES LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{06/10/2021}{1}$ and assigned Florida document number 1,20000361304 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: JI'S TRUCKING SERVICES LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_, Florida \_\_

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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(If an effective Note: 1)	ve date, if other ctive date is listed, th f the date inserted nt's effective date	e date must be spec in this block doe	itic and cannot be s not meet the ap	pplicable statuto	ing or more than 90 ry filing requires	(optional) days after filing.) Pur nents, this date will	suant to 605,0207 (3 not be listed as th
he record ord is file		d effective date, b	out not an effecti	ive time, at 12:0	I a.m. on the ear	lier of: (b) The 90	th day after the
Dated _	June 16		2021				
Dated _	_	Silie	V-)5	· ·			
		Signatur	e of a-member or	authorized repres	entative of a memb	рег	
		JONES					

Filing Fee: \$25.00